

**SUPPORTING IMMIGRANT AND
REFUGEE FAMILIES INITIATIVE
OUTCOME EVALUATION
FEASIBILITY STUDY**

Prepared for The Colorado Trust by

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October 2002



The mission of The Colorado Trust is to advance the health and well-being of the people of Colorado.

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Please cite this report as: The Colorado Trust. *Supporting Immigrant and Refugee Families Initiative Outcome Evaluation Feasibility Study*. Denver, CO: The Colorado Trust; 2002.

CONTENTS

Introduction	1
Methodology	3
Cultural Competency	3
Instrument	4
Selection of Participants	4
Interviewers	5
Interview Process	5
Tape Transcription and Translation	6
Other Sources of Data	6
Findings and Recommendations	9
Program Strategies	9
Evaluation Design Strategies	11
Methodological Strategies	11
Interviewer Strategies	13
Interview Strategies	15
Conclusion	17
Endnotes	19



INTRODUCTION

The Colorado Trust created the five-year, \$7.4 million Supporting Immigrant and Refugee Families Initiative (SIRFI) in 2000 to address the mental health and acculturation needs facing the rising numbers of immigrants and refugees in Colorado. By taking a broad view of mental health, this initiative was developed to provide nonprofit agencies and organizations with funding over a three-year period to carry out programs designed to help immigrants and refugees positively adjust to residence in Colorado. Types of programs eligible for funding included: therapy, counseling, parenting classes, English as a Second Language classes focusing on cultural adjustment, and support groups, among many others.

Through a competitive request for proposal process, The Colorado Trust awarded 11 grants in 2001 and 12 grants in 2002. The Trust wanted to fund a diverse set of programs, and selected 23 grantee agencies that vary considerably in location (urban and rural), experience (some agencies were created recently, others have been in existence for decades), size (some with several locales and large budgets, others smaller with minimal staff), focus (a few work exclusively with refugees, the majority with immigrants) and strategy (some with more traditional mental health programming, others serve mental health needs more indirectly). Although the clients of these agencies include Hmong, Vietnamese, Q'anjob'al Mayan, Bosnian, Russian, North Africans, Ethiopians, Koreans and others, the vast majority of the agencies' clients are Spanish-speaking Mexicans, reflecting the minority population makeup of the state. Funding grants average \$50,000 to \$75,000 per year and are based on a plan of activities developed individually by each agency. Additionally, technical assistance is provided to build the organizational capacity of the grantee organizations.

The Colorado Trust determined early in the development of the initiative that it wanted to explore outcome evaluation activities to assess how individual clients are impacted by services. At the same time, The Trust realized the difficulties of comparing client data that needed to be gathered using a variety of languages and taking into account a number of cultural norms. In addition, cultural differences meant that it would not be sufficient to simply develop a survey in English and then translate it into other languages, as a lack of cultural competency in the development of the questions themselves would result in inappropriate questions asked in inappropriate ways and would therefore render the data unreliable. Furthermore, gathering data from the immigrant and refugee population about issues of mental health posed a host of other factors to consider (e.g., ethical issues around gathering information from a vulnerable population, assuring truly informed consent through language barriers and taking into account possible violent and traumatic history and experiences of the clients).

The Colorado Trust therefore commissioned an evaluation feasibility study during the first two years of the initiative (2001-2002) in order to determine if there appeared to be a feasible way to gather outcome data at the client level and what the requirements and strategies of such an evaluation might be.

It was hoped that the study would answer these questions and provide insights for other organizations interested in supporting services for immigrants and refugees. The REFT Institute, Inc. in partnership with LARASA carried out this feasibility study for The Trust.

METHODOLOGY

The ability to attribute outcome changes to interventions requires an assessment of programs and their interventions, as well as an assessment of the intervention goals and objectives, availability of comparison groups, availability and quality of existing data and the ability to measure individual level data. The focus of this feasibility study was at the individual client level. This section describes the methodology used for the feasibility study, including how the study incorporated cultural competency, what instrument was used, how participants and interviewers were selected, how the interviewer training and interviews were conducted and how the data were collected and analyzed.

Cultural Competency

Literature Review. To begin to address the challenge of obtaining valid information in a culturally competent manner, The Colorado Trust commissioned REFT to conduct an extensive review of the literature prior to carrying out the feasibility study. The resulting Trust report, *Keys to Cultural Competency: A Literature Review for Evaluators of Recent Immigrant and Refugee Service Programs in Colorado*, summarized literature pertinent to nine recently arrived immigrant and refugee groups and discussed in detail the implications for conducting research and evaluation with such groups.¹ The report guided the design and implementation of the feasibility study and is a companion piece to this report.

Agency Visits. The extensive variability in the target immigrant and refugee population meant that sensitivity to cultural and linguistic differences, as well as competency in working with those differences, was crucial to the success of this feasibility study. As a first step to assuring this competency, evaluators with the REFT Institute, Inc. (REFT) visited most of the agencies to learn as much as possible from agency personnel concerning the cultural characteristics of their clients. The agencies provided information about how their clients should be approached for an interview, how those interviews should take place to be culturally competent, questions and topics of special sensitivity, areas to avoid and any other information that would aid the interview process with their clients.

Evaluation Advisory Group. An evaluation advisory group provided orientation, guidance and validation of findings to the evaluation team, especially in cultural and linguistic areas with which the evaluators were relatively unfamiliar. The evaluation advisory group membership included individuals from the following linguistic and cultural areas: Laotian Hmong, Vietnamese, Palestinian Arabic, Serbo-Croatian, Russian, Ugandan, Amharic-speaking Ethiopian and Mexican. The role of the evaluation advisory group was to advise the team on the implementation of the study plan and also to review and enrich the findings from the perspective of persons who know many of the cultures and languages of the study and who themselves are immigrants and refugees to this country.

Monitoring Process. The entire data gathering process was subjected to continual scrutiny at every stage of the study in order to learn as much as possible about the cultural competency required for each particular cultural group and language. Lessons were gathered first from agency personnel and then from the interviewers themselves on such matters as how an interviewer should present himself or herself, where interviews should take

place, what preliminary conversation was expected, the differences between interviewing men and women and a host of other details.

Confidentiality. To ensure confidentiality, the evaluation team made every effort to protect the identity of the client interviewees and informed the clients of these precautions. The evaluation methodology did not require maintaining a record of the names of those interviewed, and all identifying information in the translations was altered in the data cleaning process. The end result was a collection of interviews in English with individuals from the various cultures and languages with no specific information other than country of origin, age, gender, educational level and living arrangements.

Instrument

Semi-structured, In-depth Interviews. The evaluation team chose semi-structured interviews carried out face-to-face to be the most appropriate instrument across the cultural and language groups. Culturally equivalent interviewers were utilized in order to develop trust quickly and to establish a relaxed setting with a conversational feel. Interviewers used the interview guide as a reference, but were familiar enough with the guide to conduct the interviews in a natural manner. The use of interviewers who spoke the client's language and who were part of the same culture meant that the clients could speak freely in their native language with confidence that they were understood. Interview questions were about interviewees' arrival in Colorado, first impressions, immediate needs and how they were met, the impact of living in Colorado on themselves, friends and family, and the role of the agencies that assisted them. The interview guide included prompts and probes to elicit more explication, explanation and examples.

Selection of Participants

Purposive Sampling. Due to the exploratory nature of the study, purposive sampling techniques were used to produce a data set with broad variations in client characteristics. The evaluation team selected culture groups that represented some of the major immigrant and refugee groups in Colorado as well as some from minor or more recently arrived groups. Additionally, members of these culture groups had to be current clients of the grantee agencies. Grantee agencies assisted in selecting interview candidates who had good communication skills, were psychologically stable enough to talk about their experiences and were willing to share these experiences with others (especially important for interviewing persons with mental health needs).

Number of Participants. A total of 48 interviews were conducted, six interviews per the following groups: Mexican, Russian, Bosnian, Ethiopian, Hmong, Vietnamese, Arab and Q'anjob'al. Exactly half of the participants were male and half female. Their ages ranged from 24 to 89 years old. The length of their residence in the United States ranged from 3 months to 26 years.

Interviewers

Interviewer Characteristics. The evaluation team decided that bilingual interviewers who spoke the language of the clients and shared their culture and who were also fluent in English and competent in U.S. culture would be most effective. The selected interviewers were often immigrants and refugees themselves. Grantee agencies reviewed the names of potential interviewers to ensure that personal characteristics (e.g., age, gender or dialect) and past history with the agency and/or clients would not hinder smooth interviews. In particular, grantees made sure that the selected interviewers were not too closely tied to their clients' community, especially for ethnic groups of small populations in Colorado.

Interviewer Training. Interviewer training was critical to creating valid and reliable data. This included both general training concerning the overall interview process, where interviewers from different languages were trained together, as well as language and culture-specific training for each individual interviewer. In the general sessions, the training focused on background, overall objectives, a description of the interview process, including the use of probes, and issues of ethics and confidentiality. Prior to the second, more specific training, the interviewers translated the interview instrument into their own language. The training then focused on a discussion of each question in the instrument and its accompanying probes, and allowed the interviewer to make adjustments in the translated instrument. Interviewers with less experience required additional training time to practice interview techniques, particularly probing statements.

Interview Process

Time and Location. The grantee agency, the interviewer and the evaluators arranged a satisfactory site and time for each interview. The interviews were generally held in a quiet setting without the possibility of interruptions, often in a room arranged by the grantee agency or by the evaluator, a private home or some other adequate site. While familiar settings were especially important for clients with mental health challenges, family members could interrupt interviews in private residences. Some participants preferred private settings, while others preferred public ones. Whenever possible, the evaluators were present, although out of earshot, to assist in the process and to ensure some privacy protection in agency settings.

Tape Recording. Interviewers taped each interview so that they could be translated into English. Interviewers took care to ask the participants if they would allow the taping of interviews. Grantees were concerned that if immigrants and refugees had had negative experiences with interviews (e.g., interrogations), they would fear taping of interviews. Some clients could have also seen this as invalidating the promised confidentiality of the interview. However, these were not significant barriers. Participants were informed that they could request that the taping be suspended at any time and that they could decline to answer any question. At least two clients asked that the tape be stopped for a short time, but none refused to have their interviews taped.

Incentive. At the end of each interview, the participant received a small monetary gift for participating in the interview. This was presented as a “small token of appreciation.” While a few interviewees were hesitant about receiving the money, they acceded when informed that it was a routine part of the study, that the money came not from the agency but from the evaluators and that they could do whatever they liked with the money. Generally, they were pleased with the gift.

Tape Transcription and Translation

Experienced translators carried out the translation of the taped interviews. The most important selection criterion for translators was that they not personally know the clients who were interviewed. Several different systems were developed for the translation and review, or potential review, of the translations:

- The interviewer transcribed the tape in the interview language. The translator then translated the transcriptions into English. The interviewer was available to check and verify the translation. (This system was used for 21 interviews.)
- The translator performed both the transcription and the translation. The interviewer was available to check and verify the translation. (This system was used for 18 interviews.)
- The interviewer performed both the transcription and the translation. In these instances, the interviewer was highly experienced. Additionally, a member of the evaluation advisory group was available to check the accuracy of the translations. (This system was used for three interviews.)
- The interviewer translated directly from the tape into English transcriptions. In these instances, the interviewer was highly experienced. Additionally, a member of the evaluation advisory group was available to check the accuracy of the translations. (This system was used for six interviews.)

The evaluation team reviewed all interviews to ensure internal consistency and validity.

Other Sources of Data

Some additional sources of data used in this study included:

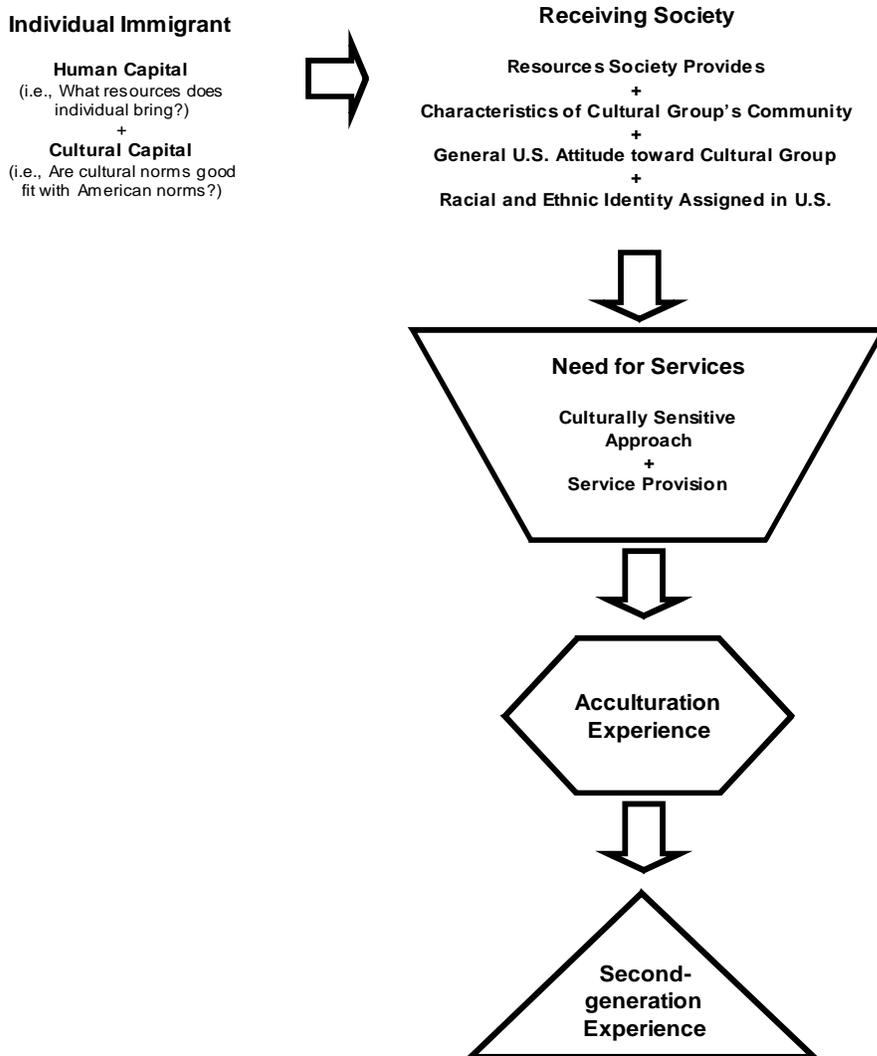
- The evaluation team gathered information on the types of services offered by the SIRFI grantees and the most common interventions.
- The evaluation team conducted face-to-face interviews with 22 of the 23 grantees on their perceptions of their clients’ needs. The results of these interviews served as a check on the results of the client interviews (i.e., to see whether there were large gaps between client and program perceptions of challenges, issues and needs faced by the clients). Additionally, the analysis of this data attempted to define the highest priority issues for the various culture groups and to identify the issues that cut across culture groups.

Interpretative Framework

An interpretive framework (developed by Alejandro Portes, Ph.D. of Princeton University and Ruben G. Rumbaut, Ph.D. of Michigan State University and shown in Figure 1) was used to guide the work of this evaluation feasibility study. The findings of this effort served to further enhance the base framework.

Figure 1. Interpretive Framework for SIRFI²

This framework reflects the shared experiences of immigrants and refugees. It also indicates some critical points for program interventions and outcomes. These issues are important considerations for measuring program outcomes.



Individual Immigrant. An immigrant or refugee enters a country with a certain amount of capital — both human and cultural. Such “capital” includes such characteristics such as gender, age, education, language capabilities, vocational skills, positive and negative experiences, and mental and physical health. Cultural capital can include the ways in which the individual’s cultural norms and attitudes fit well with or clash with American cultural norms and attitudes. Additionally, the expectations the individuals have about what their experiences will be are part of what they bring to the new country.

Receiving Society. The receiving society has a large impact on the immigration experience of each individual. The receiving community determines the level of resources that immigrants and refugees can access. The availability of such resources can greatly influence an individual’s ability to succeed. If there is only enough financial support for a few months and the housing and job markets are tight, for example, then the immigrant will have a poor chance of quickly achieving financial independence. Additional resources and challenges also are presented to a new immigrant if there exists a community from the immigrant’s culture of origin within the receiving society.

The general attitudes of Americans toward the individual’s cultural group (whether they are generally respected or automatically discriminated against) makes a difference in how the individual is received and how they perceive themselves in the United States. Another factor that affects self-perception and community reception is the racial or ethnic identity that is informally assigned to the immigrant. In other words, if a refugee comes from Ethiopia, he will be perceived as black in the United States, and therefore, experience the effects of stereotypes and attitudes toward blacks/African Americans in our society.

Need for Services. Service agencies must recognize and follow the most culturally appropriate forms of approaching and supporting immigrants from different cultural groups. Service agencies first must recognize the nature of the receiving society — its limitations and its bounty — and work to proactively protect and guide the new immigrant or refugee. Service provision is, therefore, a function of local immigrant and refugee needs (both pragmatically and culturally) and local resources.

Acculturation and the Second-generation Experiences. The characteristics of the individual immigrant and refugee, the nature of the receiving society and the need for and supply of services all come together to create the first-generation immigrant’s acculturation experience. This experience then informs the experience of the second-generation immigrant or refugee. Depending on the resources of the individual immigrants and refugees and the responses of the receiving society, the receiving society has the opportunity to benefit from the first generation’s optimism, energy, talent and drive to achieve. By the third generation, most descendants of immigrants and refugees blend into the part of the receiving country that has become their new community. Portes and Rumbaut reported:

A thoroughly acculturated third generation lacks the drive and social resources of their immigrant ancestors and, hence, their position in the American hierarchies of wealth and power is conditioned by what happened to their parents and grandparents.²

It is this interaction, between the experiences of the first generation and time, which affects the nature of the long-term contributions of the immigrants and refugees to the United States.

FINDINGS AND RECOMMENDATIONS

Program Strategies

The main purpose of this study was to assess the feasibility of conducting an outcome evaluation based on direct client responses to interview questions regarding their experiences in the U.S. This study generated a tremendous amount of information from the immigrants and refugees themselves. The analyses of the 48 interviews not only helped to determine whether such analyses were possible across cultures, it also yielded a wealth of information that could be useful to future program and evaluation work with the populations included in the study.

Shared Experiences. The immigrants and refugees interviewed for this study shared common experiences despite tremendous variations in culture, previous experiences and available support. The interviewees shared two periods in the acculturation process:

- **Initial Period:** Many of the initial needs of the interviewees had been addressed at the time of this study. Although obtaining adequate housing and transportation was a common and daunting challenge, most of the immigrants and refugees had sufficiently met those needs. They were also able to find employment soon after their arrival in the United States, especially if they had the appropriate documents.
- **Second Period:** The long-term issues identified by the immigrants and refugees were less adequately addressed. Of those interviewed, 74% mentioned difficulties with family relationships. They also shared concerns about health issues (83% mental; 72% physical) and discrimination (37%) that they or members of their families had experienced. Employment continued to be a pressing issue for immigrants and refugees, but more in terms of adequacy and discrimination in employment, as well as issues related to English language proficiency.

Program Focus. The basic survival needs of immigrants and refugees were addressed during the first period of acculturation. However, long-term issues were not as well addressed. Difficult ethical issues are entrenched around gathering data from clients with mental disorders, and gaining access to such clients is a challenge. If the immigrants or refugees have mental disorders, there is a question as to whether they can truly provide informed consent. Additionally, there are serious disagreements among providers over whether psychiatric patients should be asked by their providers to participate in an evaluation.

An outcome evaluation of this initiative would be feasible if the evaluation were to focus on an intervention that affects the majority of clients but is not sensitive in terms of access and ethical concerns (e.g., gaining truly informed consent from a vulnerable population). For example, relationships within families are important for all groups of immigrants and refugees, and are particularly critical to both short- and long-term mental health. The most prevalent relational issues that emerged were potential changes in gender roles between couples and changes in age roles between seniors, children and adults that often occur as families acculturate to the U.S.

Program Characteristics. To conduct an outcome evaluation across programs, programs must have similar interventions.

The following table lists the interventions offered by at least half of the 23 SIRFI grantee organizations to the immigrant and refugee clients, as reported by the grantees.

Intervention	Number of agencies
General advocacy	21
Crisis intervention	20
Family support	19
Translation/interpretation	18
Cultural activities	17
Counseling/therapy	16
Home visits	16
Domestic violence prevention support	13
Recreational/social activities	13
Support groups/mutual aid groups	13
Basic necessities	12
Leadership/community building	12
Parenting classes/support	12

Interventions offered by less than half of the agencies included: English classes, citizenship assistance, health assistance/clinics, life skills classes, child development and care/preschool, psychiatric evaluation, educational dropout intervention, general tutoring, pregnancy prevention education, GED preparation/literacy services, respite care and substance abuse prevention/treatment.

Evaluators need to define the criteria for the definition of the intervention and any intervention included in the outcome evaluation must possess those criteria.

Programs to be included in an outcome evaluation must have the following basic characteristics:

- **Defined Interventions.** Programs must define and describe their interventions so that clients receiving the interventions can be identified.
- **Program Stability.** Programs must be stable so that clients can be followed for several years.
- **Number Served.** Programs must serve a number of clients large enough that significant changes among the population can be detected.
- **Client Type.** Since many immigrants and refugees focus on basic survival needs during their initial period in the United States, programs included in the outcome evaluation should serve those who have been in the country for at least a year.
- **Client Database.** Programs should have detailed records of the services provided to individual clients and families.

Evaluation Design Strategies

Multicultural Competence. During the feasibility evaluation, the presence of a multicultural advisory group was very important in the design of the evaluation, the interpretation of the data and in helping to keep the reports culturally and politically sensitive. While the advisory group was composed primarily of individuals from culture groups like those in the feasibility study, thoughtful members of other groups also assisted the evaluators in thinking about the interests and problems of other immigrants and refugees.

Design Issues. Some of the grantee organizations provided input regarding study design, as follows:

- **Survey:** It is possible to create a written survey that can be given to the [mental health] clients where they just check yes or no. The provider can give information such as the number of sessions, their ability to keep a job, their life satisfaction and ideation.
- **Measures:** There are three main ways to measure outcomes across cultural groups, by:
 - 1) Symptom improvements (e.g., decrease in depression)
 - 2) Functional measures (e.g., ability to keep employment)
 - 3) Health care utilization.

The most appropriate measure of acculturation across cultural groups may be functional measures.

Methodological Strategies

Access to Clients. There was a range of understanding and comfort level among the grantee organizations with regard to providing access to their clients. Some of this was based on the nature of clients and services (e.g., clients receiving mental health services). In other cases, the grantees were concerned about the potential reflection of results on their programs. This issue arose more often when programs had providers who were members of the same communities as the clients. However, more interaction with the evaluators, the opportunity to review the interview protocol and the ability to help select the interviewer tended to reduce the “discomfort level” within these grantee organizations. As mentioned earlier, it was more difficult to gain access to interview grantees’ clients who were receiving direct mental health services. Setting up direct interactions with such clients required a significant amount of time. And it should be made clear to the grantees that they will need to provide access to clients.

Ethical Issues. Immigrants and refugees can give informed consent for a data collection process without unduly jeopardizing their safety or status. However, whether or not mentally ill clients can provide informed consent is questionable. Four of the seven grantee organizations providing direct mental health services shared ethical concerns about confidentiality and consent. Institutional Review Boards (IRB) – institutions designed to ensure that human research subjects and evaluation participants are treated ethically – also would share some of the same concerns. Furthermore, therapists disagree over the

ethics of providers asking their psychiatric patients to participate in studies; some believe they could lose their professional license over what could be considered an abuse of authority by facilitating such a process, while others are comfortable with assurances that interview results will be anonymous.

Program Confidentiality. The grantee organizations did not want to make the program performance data available to the public, presumably because there are so few programs working with mental health issues among immigrants and refugees. This concern also exists for other program areas such as housing support and general health care.

Client Confidentiality. Providers within the grantee organizations also were concerned about maintaining the confidentiality of their clients, particularly given possible legal ramifications to the clients. However, most immigrants spoke freely during their interviews of the experiences they had while entering the United States. All identifiable information was removed from the transcripts before the evaluation team received and analyzed them. However, because an outcome evaluation will most likely require individuals to be followed over time, evaluators will need to have access to participant names and contact information. The evaluators should ensure that the participant contact information is not associated with the data.

Although interviewers signed an ethical code statement indicating that they would only talk about the interviews with persons involved in the project, clients could still fear gossip if the interviewer is closely tied to their community. Thus, interviewers of the same culture groups but without direct connections to the community may better assure confidentiality. In this study, some providers exercised the right to reject particular interviewers, and several requested interviewers from locations other than their own. Some providers requested that an evaluator be present during the interviews to strengthen client perception of the neutrality and confidentiality of the evaluation process.

Sampling Issues. For this study, the grantees selected most of the individuals who were interviewed. The evaluation advisory group criticized this approach because of fears that the grantees would select only clients who would speak favorably about their programs. Sometimes grantees suggested interviewing clients who had been in the U.S. for a longer period of time because their symptoms were not as acute. Other strategies were proposed due to concerns about the IRB requirements and included strategies such as using community-based organizations that serve former clients or excluding Medicaid recipients from the sample pool. A random sample of clients makes for a stronger outcome evaluation design, but this is often not feasible. One strategy is to have the provider determine what types of clients cannot, for specified reasons, be part of the evaluation process. The evaluator should then be allowed to randomly select from among those who still remain in the program's population of clients (e.g., sampling frame).

Measurement Issues. The results of the interviews indicated that similar questions could be asked of immigrant and refugees from different cultural groups and educational levels. One of the benefits of using face-to-face interviews was that the interviewers could clarify the meaning of questions. The interviewers were encouraged to think about how they would phrase the questions and specifically how they would ensure that interview prompts were included. This occasionally meant breaking general questions into many smaller but specific questions.

For an outcome evaluation, instruments must be equivalent in the topics they cover and in how questions are asked. Measures of “functional status” (e.g., ability to keep a job) will probably be most conducive to cultural equivalence. Whatever instruments are chosen or developed, they should to be pilot tested with members of the specific cultural groups to be included in the outcome evaluation.

Taboo Topics. Grantee agencies identified certain subjects that seemed to be sensitive topics across culture groups. These “taboo” topics included mental health, legal status, professional and financial status, criminal activity and war experiences. “Mental health” in particular was a foreign concept and could not be discussed openly and named directly; mental health issues were typically considered to be a highly private matter. However, some clients, especially women, discussed these topics freely. In general, the same was true of the other topics – many interviewees volunteered information or freely discussed the issues grantees had identified as taboo subjects (e.g., domestic abuse).

Data Gathering Method. This feasibility evaluation used face-to-face interviews for the exploratory study, a time-consuming and expensive method. Since the outcomes assessment will require a large sample, other methods should also be explored. However, one data gathering method that will probably not work is the mailed questionnaire, a perception reinforced by the feasibility study. Instead, a simple written survey may be given to program participants during a program session. The success of this instrument will depend on the clients’ literacy level, even in their native language. One or more interviewers could help a group of clients with low literacy fill out a form or conduct individual oral interviews. A mailed survey followed by a telephone interview may work with more educated and less traumatized immigrants and refugees, provided that appropriate culture brokers and the interviewer have explained the evaluation. Questions need to be concrete and simple when using a variety of data-gathering techniques since this increases the variation in data.

Interviewer Strategies

Interviewer Experience. The feasibility evaluation found that, for the most part, inexperienced interviewers did an adequate job of interviewing immigrants and refugees. However, their interviews did not include the richness found in the interviews done by experienced interviewers. Experienced interviewers were better at prompting, listening and putting participants at ease. Interviewer training is critical for translated instrument equivalence and for conducting multicultural and multi-site data gathering.

Interviewer Training. The interview process brought to light the importance of specific non-cultural characteristics of the client populations. These characteristics included the length of residence in the United States, whether an individual had experienced trauma before leaving his or her home country, or whether a person suffered from a form of mental illness independent of the stress and mild depression which often result from a move from one country to another. Therefore, interviewers of immigrants and refugees may require additional sensitivity or preparation beyond overall cultural competence.

Interviewer Background. Interviewers should be of the same culture group and speak the

native language of the interviewee and, ideally, they should have immigrant experience themselves. One grantee said, “Our [immigrant] families feel that non-native Mexican Spanish speakers look down on them.” A Hmong representative similarly suggested, “The person asking the questions needs to be trusted, otherwise people will not give good answers. . . You need to understand their language, their function and their life. Talk to them and create a bond.”

Even when immigrants and refugees come from the same native country, there may be significant difference to consider. For example, a Vietnamese representative pointed out there are two distinct types of Vietnamese refugees, those who emigrated around 1975 with the fall of Saigon and those who came later and thus had lived under communist rule for many years. Other individuals also expressed concern that potential tensions exist within culture/language groups, such as those from the Middle East and former Yugoslavia. A Hmong interviewer concurred that in this culture, “Speaking the same language is not necessarily enough to build trust.” However, the feasibility evaluation results suggested that some flexibility in interviewer background is possible.

Interviewer’s Community. While it is important for the interviewer to have had similar culture group experiences, it is also important to not be too closely identified with sub-groups of the community or with the service provider. Several potential interviewers were rejected by grantees because of their former ties. In some cases it may be important to have an interviewer be from the same culture group as the interviewee, but a different community in the United States. This is especially true for the smaller immigrant and refugee communities where “everyone knows each other.”

The Interviewer’s Gender. The gender of the interviewer was also critical to the success of the interview, though the level of importance varied among cultures. A grantee working with the Mexican population commented: “You need a woman interviewer, definitely not a man. We always say, ‘Women will talk to women, and a man will talk to a woman, but a woman will not talk to a man.’”

The male Guatemalan interviewer reflected, “I interviewed two women. In one case, the couple was unwilling at first that I interview the woman alone. They later consented. There exists a certain machismo among some Q’anjob’al men that needs to be taken into account.”

In the Hmong culture, on the other hand, “it is better to use a man to interview men. A man can also be used to interview women, for men are seen as more responsible in the family. Women can be interviewed by women,” a grantee said. In spite of this view, a woman conducted all interviews in this culture group, and the interviews were of very high quality.

Another way of addressing gender issues is to have other members of the family present during the interview. For example, wives were present when Arab men were interviewed in residences. Another option is gathering the data in public places or on the telephone.

Ages of Client and Interviewer. The ages of the client and interviewer affected the style of the interview session. For example, one grantee working with a Mexican population said, “The younger men are more daring. They will fill out [a survey] without a problem. The

older men are more cautious. They don't want to fill it out. They say they will and then they won't." A Vietnamese representative said, "Deference to elders means that you don't contradict the elder, and that the elder gets to speak first. Don't speak too soon." In the Mexican culture there is also deference to the elderly.

The age of the interviewer can help counter gender challenges. For example, the Hmong interviewer was female, but she felt she was young enough to avoid gender-related difficulties. Rather, she reported that the senior males whom she interviewed considered her as a "daughter." The Vietnamese interviewer echoed this idea by saying, "It is no offense to ask someone their age. So that is often what you can do. They will ask if they can be your mother or father – you can agree."

Interview Strategies

Fear of Interview Process. Grantees warned of client fears of the interview process. Some of the clients in the feasibility evaluation showed initial discomfort. However, interviewer skill countered this tendency. For example, the Vietnamese interviewer found it important to keep the tone of her interviews light and say, "I just want to have a conversation with you. This is not an interview."

Grantees as Brokers. Besides helping to identify the clients, grantees provided the following assistance in the interview process:

- Initial contact with clients to interpret the request for an interview
- Interpretation of the value of the interviews to their community
- Transportation of clients to the interview site
- Other services (e.g., being available as a resource when clients with mental disorders were interviewed).

The grantees generally thought evaluators should approach clients through their agencies. "Here it is more familiar to them," said a staff member of one grantee organization. Likewise, the organization working with Bosnian and other refugees commented that the level of trust the agency has established in the community is key to their overall success.

A grantee working with the Mexican population suggested that it would be best for interviewers to first participate in activities offered by the grantee agency "so the faces are familiar." A service provider working with the Guatemalan community suggested brokering interviews through a church, noting that "a lot of times when we want to spread a message to the Guatemalan community there's a couple of key people in the community we would call." This latter approach worked well; however, some grantees preferred that interviewers not be closely identified with the grantee organization.

Preparing Clients. Preparing clients for the interview was critical. One grantee noted that "The way the [interview] is presented and telling them why in a way that makes sense to them is important." Another grantee said, "We can set it up saying you just want to talk about their experiences here. . . and hope that they will show up. It depends on how we prepare them."

In working with populations that have suffered trauma and whose life experiences have

consequently felt exceedingly fragmented, “it is important to have regularity and predictability in working with this population,” said one grantee. Therefore, it was important to have the interviews in familiar settings using familiar processes.

Interview Setting. Interviews were conducted either at grantee facilities or in clients’ homes. Keeping distractions to a minimum was important in either setting. As a Hmong representative said, “If there are a lot of children [or other people] around, it will be hard to talk to them somewhat privately.” The choice of meeting in a private home, agency setting or in another public setting was often made on a case-by-case basis within culture groups. In some cases, people were embarrassed by their homes or there were too many people around. Those interviews were usually held either at grantee offices or at some other organization, such as a church or mosque.

Taping the Interviews. Interviewers had no trouble obtaining consent to tape-record the interviews. Taping typically was initially uncomfortable, but soon forgotten. During one interview with an elderly man, the interviewee at first spoke to the tape recorder and referred to the interviewer in the third person. He soon changed this behavior, however, and addressed his comments to the interviewer directly. The Guatemalan interviewer reflected, “They were generally not nervous about speaking to me. One individual did ask that the tape recorder be turned off at one point, but later he left it on while talking about the same topic.”

Providing Incentives. The question as to whether money or other gifts were appropriate incentives for clients was raised with each grantee. Some grantees chose to tell their clients that there was a financial incentive, while others chose not to tell them this prior to the interview. A monetary gift was given after the interviews, and it was found to be appropriate in most cases. However, telephone interviews or group-administered surveys will not be as likely to be dependent on a monetary gift. Incentives will be needed to encourage participation in multiple surveys or telephone interviews over time.

CONCLUSION

This feasibility study demonstrated that data can be gathered directly from immigrants and refugees about their experiences in the United States using an interview guide translated into several languages in culturally equivalent ways with interviewers matched to the clients by language and culture. This process required highly skilled and culturally competent evaluators, interviewers and translators, as well as the close cooperation of the grantee agencies. It also required intensive monetary and time resources.

In order to conduct an outcome evaluation with comparison groups, or one that is quantitative in nature, the challenges will be greater because the evaluation will need to be more structured. Some of the greatest challenges include:

- Developing culturally competent approaches to multiple cultural groups including culturally equivalent measures
- Addressing the taboo subject of mental health
- Finding professional, culturally appropriate interviewers.

Careful planning and consideration of the factors discussed in both this report and the literature review¹ will be required. Some of these factors include:

- Careful selection of program focus that is relevant to many immigrants and refugees yet does not pose massive challenges to accessing clients
- Careful selection of stable programs with similar interventions
- Selection and use of a multicultural advisory group
- Careful design of a request for proposal that asks potential grantees to identify their IRB requirements, processes and their willingness to facilitate human subject approval for the evaluation, as well as to provide appropriate access to their records and clients
- Careful design and presentation of the evaluation procedures identifying ways the program and client confidentiality will be protected over time
- Identification of the sampling process and the criteria for client exclusion
- Adequate time for evaluators to find or develop validated measures to be pilot tested on cultural group representatives
- Careful selection and training of appropriate data gathering personnel
- Adequate time to work with the grantees on preparing the clients for the evaluation
- Providing appropriate compensation to immigrants and refugees for participating in repeated data gathering events.

ENDNOTES

1. The Colorado Trust. *Keys to Cultural Competency: A Literature Review for Evaluators of Recent Immigrant and Refugee Service Programs in Colorado*. Denver, CO: The Colorado Trust; 2002.
2. This interpretive framework builds on, and complements, the work of Alejandro Portes, Ph.D., of Princeton University, and Ruben G. Rumbaut, Ph.D., of Michigan State University, as presented in Portes A, Rumbaut RG. *Legacies: The Story of the Immigrant Second Generation*. New York, NY: The Russell Sage Foundation; 2001: 62, 283.
3. Portes A, Rimbaut RG. *Legacies: The Story of the Immigrant Second Generation*. New York, NY: The Russell Sage Foundation; 2001.